Hello Parents/Guardians of Kindergarten and Newly Enrolled Students in Peoria Public Schools

Students in each kindergarten class and newly enrolled students in Peoria Public Schools present in the first two weeks of school may participate in a universal speech screening at the start of the academic year. This included a brief measure of articulation of speech sounds, vocal quality and resonance, and fluency of speech. Language skills, although informally observed in each screening, were not specifically targeted as students are in need of exposure to the instructional language of kindergarten at this time.

You will receive results of the screening letting you know

- Your student passed the screening and was found to have speech skills that are currently within normal limits given age and development and/or are adequate for participation in the academic setting at this time.

or

- Your student’s speech skills will be re-screened in six months and/or consultation by the Speech-Language Pathologist to the teacher for classroom intervention ideas will be provided as needed with an explanation.

or

- During the universal screening, your student demonstrated speech skills that warrant further evaluation by the Speech-Language Pathologist. I will be contacting you soon to initiate an evaluation.

or

- Your student currently has an IEP and/or already receives speech and language therapy services at school.

Please feel free to contact the building Speech Pathologist if you have any questions regarding the universal speech kindergarten screenings.

Thank you,
Due to effects of the recent social distancing and shelter in place mandates, for the 2020-2021 school year, Peoria Public Schools is changing the Compliance Requirements date for physicals and immunizations.

Traditionally, the State of Illinois has mandated that these be submitted no later than October 15th. Although we will follow the dates set by the State of Illinois, we encourage you to obtain these requirements at the earliest possible date.

Pre-Kindergarten:
- Physical exam – Dated within one year of the first day of school & signed by health care provider
  - Health history (completed and signed by parent/guardian)
  - Diabetes Screening Assessment
  - Lead Risk Assessment (proof of blood test is required for students living in high-risk Zip codes 61602 through 61606)
- 4 DTaP shots (Diphtheria, Tetanus, Pertussis)
- 3 Polio shots
- 1 MMR shot (Measles, Mumps, Rubella)
- 1 or more Hib shots (Haemophilus influenza type B)
- 3 Hepatitis B shots
- 1 or more Pneumococcal shots
- 1 Varicella (Chicken Pox) shot or proof of having had the disease

Kindergarten:
- Physical exam – Dated within one year of the first day of school & signed by health care provider
  - Health history (completed and signed by parent/guardian)
  - Diabetes Screening Assessment
  - Lead Risk Assessment (proof of blood test is required for students living in high-risk Zip codes 61602 through 61606)
- 4 DTaP (Diphtheria, Tetanus, Pertussis) shots with last dose at age 4 years or later
- 3 - 4 Polio shots with last dose at age 4 years or later
- 2 MMR shots
- 2 Varicella (Chicken Pox) shots or proof of having had the disease
- Eye Examination – Due October 15th – Dated within one year of the first day of school
- Dental Examination – Due May 15th - Dated within 18 months prior to May 15th (preferred with 1st day compliance)

2nd Grade:
- Dental Examination – Due May 15th – Dated within 18 months prior to May 15th

6th grade:
- Physical exam – Dated within one year of the first day of school & signed by health care provider
  - Health history (completed and signed by parent/guardian)
  - Diabetes Screening Assessment
- Proof of 1 Meningococcal shot (MCV4) – given at age 11 years or later.
- Proof of 1 Tdap (Adult Tetanus, diphtheria, and pertussis) shot – given at age 7 years or later
- Proof of 3 Hepatitis B shots (normally given in infancy)
- 2 Varicella (Chicken Pox) shots or proof of having had the disease
- Dental Examination – Due May 15th – Dated within 18 months prior to May 15th (preferred with 1st day compliance)

9th grade:
- Physical exam – Dated within one year of the first day of school & signed by health care provider
  - Health history (completed and signed by parent/guardian)
  - Diabetes Screening Assessment
- 2 Varicella (Chicken Pox) shots or proof of having had the disease
- Dental Examination – Due May 15th – Dated within 18 months prior to May 15th (preferred with 1st day compliance)

12th grade:
- Proof of 2 Meningococcal shots (MCV4) – with second dose given at age 16 years or later.
  *If the first dose of MCV4 was given at age 16 years or later, then only one dose of MCV4 is required.

For students entering an Illinois school for the first time from a home schooling program, out of state, or from out of country:
- Proof of physical exam (Due within 30 days of school enrollment) – Dated within one year of the first day of school & signed by health care provider
- Up-to-date Immunization record (Due within 30 days of school enrollment)
- Grades K-12: Proof of eye exam – due by October 15th – Dated within one year of the first day of school

For students transferring from another Illinois school district:
- Proof of physical exam from last mandated grade level (Due within 30 days of school enrollment)
- Up-to-date immunization record (Due within 30 days of school enrollment)

Updated 04/04/19
Communications and Community Engagement
SCHOOL PHYSICALS - The "school" physical exam form must be completed on the "Certificate of Child Health Examination" form dated 11/2015. The health care provider may indicate approval for sports for one year on that form.

SPORT PHYSICALS (valid for 395 days) - are required annually for students participating in athletics (including cheerleading and dance); the parent and athlete must complete / sign the health history. The IHSA / IESA sport form (http://ihsa.org/documents/sportsMedicine/Pre-participation%20Examination%202012-13.pdf) is NOT accepted as proof of the "school" physical exam.

MEDICATION AUTHORIZATION - For students to take medication at school (Prescription or Over-the-Counter), the District Medication Authorization form must be completed and signed by a health care provider & parent/guardian each school year. For inhalers only - this form must be completed & signed by a parent/guardian each school year, however, a photo copy of the prescription label on the box substitutes for the health care provider portion of the form.


If you need a doctor or clinic to complete any necessary requirements, contact:

Unity Point In-School Health Clinics:
- Manual High School - 495-8509
- Peoria High School - 282-1020
- Trewyn K-8 – 671-0550

Unity Point Health – Methodist Care-Finder – 674-2273
OSF Saint Francis Medical Center – 1-888-627-5673

Heartland Community Health Centers
- 680-7600
- 1701 W Garden St
- 2321 N Wisconsin Ave
- 320 E Armstrong

IMMUNIZATIONS / LEAD TESTING

Peoria City/County Health Department
- 2116 N Sheridan Rd 61604
- 679-6655 – Immunizations / 679-6068 – Lead Testing

EYE EXAM

Eye examinations for children covered by a medical card / All Kids card are available at:

Bard Optical
- 7715 N Grand Prairie Dr 61615
- 691-1320
- 1200 W Main St 61606
- 672-2273
- 4620 N University St 61614
- 692-8222
- 8307 N Knoxville Ave 61614
- 713-3664

Wal-Mart Vision Center
- 8915 N Allen Rd 61615
- 693-9873 (Exam Only)
- 3315 N University St 61604
- 682-0688

Carver Optical
- 3311 Sterling Ave Suite 9 61604
- 685-2020
- Medical card or $30 cash

DENTAL EXAM

Peoria City/County Health Department
- Dental services by appointment only. Must meet income guidelines
- $30 cash and current All Kids card or Medical card at time of appointment
- 679-6141

DentaQuest
- To help you find a dentist who will accept All Kids/Medicaid, call 1-888-281-2076

TRANSPORTATION

Transportation to these appointments may be available for students covered by a medical card by calling
- First Transit at least 2 work days prior to the appointment – (877) 725-0569

For English and Spanish versions of the "Certificate of Child Health Examination" form, visit:
It is the goal of In-School Health Services to assure that each child's healthcare needs are met by providing healthcare services, supporting the primary care provider/patient relationship, and creating a link to a primary care provider if none exists. Services are provided by a nurse practitioner and certified medical assistant. A nurse practitioner is a nurse with advanced training to provide health promotion and maintenance through the diagnosis and treatment of acute illness and chronic condition.

**Services include:**
- Assessment, diagnosis and treatment of minor illness and injury
- Individual and group health education
- School and sports physicals
- Immunizations
- Reproductive services
- Laboratory Testing
- Management and referrals for chronic illnesses such as asthma and diabetes

**Services NOT available:**
- Treatment for complex medical or psychiatric disorders
- Hospital Care
- Stitches or casting
- X-rays

**Why program is offered:**
- To ensure that no child is excluded from school
- To keep children in school, healthy and ready to learn
- To improve the healthcare of the community

Participation is open to each student whose parent or guardian has completed a student health history form and a consent form. All healthcare information will be shared with the child’s primary care provider.

**How to make an appointment:**

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trewyn School</td>
<td>309-671-0550</td>
</tr>
<tr>
<td>Manual High School</td>
<td>309-495-8509</td>
</tr>
<tr>
<td>Peoria High School</td>
<td>309-282-1020</td>
</tr>
</tbody>
</table>
Address Verification

Students enrolling, re-enrolling following a break in attendance, or upon request following returned District mail or contact attempts by the District, must provide address verification by presenting **TWO of the following original documents** to the school secretary to complete the enrollment process at Peoria Public Schools prior to attending school or by the deadline presented by school staff. **All documents must contain the parent/guardian’s full residence address.**

1. Bank Statement (dated within 30 days of enrollment)
2. Credit Report (issued by Experian, Equifax or TransUnion, dated within 90 days of application)
3. Deed/Title, Mortgage, Rental/Lease agreement
4. Insurance Policy (homeowner’s or renter’s – policy must be active)
5. Medical Claim or Statement of Benefits (from private insurance company or public (government) agency, dated within 30 days of enrollment)
6. Official mail received from a State, County, City or Village or a Federal Government agency (must include first and last name of parent/guardian and complete current address), may include — Homestead Exemption Receipt; Jury Duty Notice (issued within 90 days of application); Selective Service Card; Social Security Annual Statement; Social Security Disability Insurance Statement; Supplemental Security Income Benefits Statement; Voter Registration Card
7. Pay Stub or Electronic Deposit Receipt (dated within 30 days of enrollment)
8. Pension or Retirement Statement (dated within 30 days of enrollment)
9. Tuition invoice/official mail from college or university to the parent/guardian, dated within the 90 days prior to application
10. Utility Bill (electric, water, refuse, telephone land/cell, cable or gas, issued within 30 days of application)
11. FOID Card

Questions and/or objections to the above requirement may be made to:

Peoria Public Schools  
c/o Enrollment Committee  
3202 N Wisconsin Ave.  
Peoria, IL 61603  
(309) 672-6744  
info@psd150.org
SCHOOL START AND END TIMES FOR 2020-2021

Primary Schools (including Valeska, all K-4 schools, Trewyn, Harrison & Developmental Center)
• Start – 8:30 a.m.
• End – 3:30 p.m.

Middle and High Schools (includes Glen Oak, Roosevelt, Lincoln, 5-8 middle schools and all high schools)
• Start – 7:30 a.m.
• End – 2:30 p.m.

SCHOOL UNIFORMS FOR 2020-2021

Students from every school must wear black, navy blue or khaki pants/skirts/jumpers/shorts. Shirt colors vary among schools; however navy blue will be used district-wide. Shirt choices for each school are:

Calvin Coolidge – Navy, light blue, red, grey, kelly green, black, or white
Charter Oak – Navy, light blue, red or white
Franklin – Navy, red, white, black or light blue
Glen Oak – Navy, white, red, black, green, gold or light blue
Harrison – Kindergarten: Red; First Grade: Royal Blue; Second Grade: Hunter Green; Third Grade: Navy Blue; Fourth Grade: Orange; Fifth Grade: Maroon; Sixth Grade: Light Blue; Seventh Grade: Gold; Eighth Grade: Black
Hines – Navy, Light Blue, Red, White, Yellow or Green
Jamieson – Navy, red, white, black or light blue
Kellar – Navy, light blue, white or hunter green
Lincoln – Kindergarten: Red; First Grade: Royal Blue; Second Grade: Hunter Green; Third Grade: Navy Blue; Fourth Grade: Orange; Fifth Grade: Maroon; Sixth Grade: Light Blue; Seventh Grade: Gold; Eighth: Black
Lindbergh – Navy, white, hunter green or light blue
Mark Bills – Navy, white, black or light blue
Northmoor – Navy, red, white or light blue
Rolling Acres – Navy, white, or red
Roosevelt Magnet – Navy, royal blue, light blue, hunter green, red, white, black or orange
Dr. Maude A. Sanders – Red, white and any shade of blue
Sterling – Navy, white, maroon or black
Thomas Jefferson – Navy, white or red
Trewyn – Navy, red or black
Von Steuben – Navy, white, black or light blue
Washington – Navy, yellow, white or royal blue
Whittier – Navy, white, hunter green or light blue

**HIGH SCHOOL STUDENTS ARE NOT REQUIRED TO WEAR A UNIFORM, HOWEVER MUST FOLLOW THE SCHOOL DRESS CODE AS DEFINED IN THE DISTRICT’S STUDENT HANDBOOK.**
Blackboard | Integrated Mobile Communications App

Download the Peoria Public Schools App (available on Android and Apple devices)

Why offer a District Mobile App?

Apps continue to dominate the mobile web

Percentage of time spent

<table>
<thead>
<tr>
<th>Mobile web</th>
<th>2013</th>
<th>Apps</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile web</td>
<td>2014</td>
<td>Apps</td>
<td>86%</td>
</tr>
</tbody>
</table>

Why Blackboard Integrated Mobile Communications App?

Integrates seamlessly with other systems at Peoria Public Schools.

By the Peoria Public Schools Mobile App, you'll have access to all systems in one location! See what news and events are on the District and school websites, look at flyers sent to parents via Peachjar, get your child's bus time and location from our Transportation Department, log into Skyward Family Access, find out what books your child has checked out from the library, find the balance due for the cafeteria and more!

Change your delivery preferences.

Peoria Public Schools utilizes Parentlink to send phone, email, text and social media messages to parents concerning important announcements, attendance information and upcoming events. The Peoria Public Schools Mobile App allows families to choose what communication method and contact is easiest for us to reach you!

Directory of School Information Available at Your Fingertips.

Look up the school phone number, attendance office contacts, provide feedback or safety concerns through the Tip Line, and more! Phone numbers and email addresses are available through the App Directory allowing you to call or email with the touch of your fingertip!

Multiple schools, Multiple children, Multiple events, ONE SOURCE!

With nearly 80% of parents having access to a smartphone today, Peoria Public Schools is now empowering our families to get involved and engaged with students and schools in the way they prefer, from the device of their choice.

86% Source: Flurry Analytics

Winner of the 2015 District Administrator Reader’s Choice award

Blackboard Mobile Communications App is the proud recipient of the Reader’s Choice award. This prestigious award is given to only the best K-12 products and services, as selected by District Administrator readers from across the country.

Download the Peoria Public Schools App!

- View news stories
- View sports scores
- Receive important alerts
- View calendar info
- Access school and staff info
- Review grades and attendance
Would you like to know when your student’s bus is going to be late?

The Transportation Department of Peoria Public Schools is using Bus Bulletin notification system to notify parents and students when there are bus delays and schedule changes.

If you would like to receive instant notifications when delays or incidents affect your student’s bus, please register with Bus Bulletin.

- There is no cost for this service.
- Registration is simple and fast.
- You can choose to receive text messages, phone calls, and e-mails.
- All contact information is stored securely and will not be shared or sold - your privacy is protected.

For more information, or to sign-up and start receiving notifications, please visit:


For help with registration, call Mike Bowen with Peoria Public Schools Transportation Department at 309-693-4418.
A Peoria Public Library Card!

Every student attending Peoria Public Schools is eligible for a free library card, even if you do not live within the City of Peoria.

Your library card will open the door to online services like Brainfuse Homework Help, research sources, language learning, and much more all from home. Come to the library and use public computers with your card or check out books, movies and music.

You can bring your student to apply for a card at any Registration Hub or Peoria Public Library location:

- **Main Library**
  - 107 NE Monroe
  - 309-497-2000
  - Closed Sunday

- **Lincoln Branch**
  - 1312 W Lincoln
  - 309-497-2600
  - Closed Wednesday

- **Lakeview Branch**
  - 1137 W Lake
  - 309-497-2200
  - Closed Thursday

- **McClure Branch**
  - 315 W McClure
  - 309-497-2700
  - Closed Sunday

- **North Branch**
  - 3001 W Grand Parkway
  - 309-497-2100
  - Closed Tuesday

Bring a photo ID with your current address or your ID and a piece of mail with current address.

I. STUDENT INFORMATION

1. LAST NAME (LEGAL NAME ONLY) FIRST MIDDLE SUFFIX

2. NICKNAME / OTHER NAME(S) USED PREVIOUSLY (AKA)

3. BIRTHDATE /

4. GENDER M F

5. HISPANIC OR LATINO Y N

6. RACE (SELECT ONE OR MORE):
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White

7. OFFICE ONLY - ADDRESS VERIFIED DATE: / /

8. HOUSEHOLD ADDRESS: CITY, STATE: ZIP CODE:

9. HOME PHONE ( )

10. CELL PHONE ( )

11. WORK PHONE ( )

12. A.) CITY OF BIRTH: B.) STATE OF BIRTH C.) COUNTY OF BIRTH:

13. STUDENT RESIDENTIAL STATUS
   - PARENT/LEGAL GUARDIAN
   - FOSTER CARE
   - FOREIGN EXCHANGE STUDENT
   - RESIDENTIAL FACILITY
   - HOMELESS
   * TEMP. RESIDENCE / FINANCIAL HARDSHIP
   - DOUBLED UP
   - OTHER

14. ONLY IF APPLICABLE COMPLETE AND INCLUDE SIBLINGS WHO ARE CURRENTLY IN GRADES PK-12 IN PEORIA PUBLIC SCHOOLS.
   - SIBLING 1 FULL NAME: GRADE: SCHOOL NAME:

   - SIBLING 2 FULL NAME: GRADE: SCHOOL NAME:

   - SIBLING 3 FULL NAME: GRADE: SCHOOL NAME:

II. CONTACT INFORMATION

Provide at least three contacts to be used if your child becomes ill or injured at school. A photo ID is required to release a student. A student will not be released during school hours to anyone unless indicated below. All contact information will remain active for the entire school year unless revoked by the parent/guardian.

16. FAMILY 1
   - PARENT/GUARDIAN 1 FULL NAME:
   - RELATIONSHIP:
   - LIVES WITH STUDENT: Y N
   - IF NO, PROVIDE ADDRESS:
   - HOME PHONE: ( )
   - CELL PHONE: ( )
   - WORK PHONE: ( )
   - EMAIL ADDRESS:

   - PARENT/GUARDIAN 2 FULL NAME:
   - RELATIONSHIP:
   - LIVES WITH STUDENT: Y N
   - IF NO, PROVIDE ADDRESS:
   - HOME PHONE: ( )
   - CELL PHONE: ( )
   - WORK PHONE: ( )
   - EMAIL ADDRESS:
FAMILY 2

PARENT/GUARDIAN 1 FULL NAME:  
__________________________________________________________________  RELATIONSHIP: _________________________________________
LIVES WITH STUDENT:  q  Y  q  N  IF NO, PROVIDE ADDRESS: _____________________________________________________________________________________________
HOME PHONE:  
CELL PHONE:  
WORK PHONE:  
EMAIL ADDRESS:  
ACTIVE MILITARY DUTY  q  Y  q  N  CONTACT PRIMARY LANGUAGE  q  ENGLISH  q  SPANISH  q  OTHER _______________
PARENT/GUARDIAN 2 FULL NAME:  
__________________________________________________________________  RELATIONSHIP: _________________________________________
LIVES WITH STUDENT:  q  Y  q  N  IF NO, PROVIDE ADDRESS: _____________________________________________________________________________________________
HOME PHONE:  
CELL PHONE:  
WORK PHONE:  
EMAIL ADDRESS:  
ACTIVE MILITARY DUTY  q  Y  q  N  CONTACT PRIMARY LANGUAGE  q  ENGLISH  q  SPANISH  q  OTHER _______________

ADDITIONAL CONTACT NAME 1:  ____________________________________________  RELATIONSHIP: ____________________________
HOME PHONE:  
CELL PHONE:  
WORK PHONE:  
OK TO RELEASE TO STUDENT  q  Y  q  N  *NO  OK TO RELEASE TO STUDENT
ADDITIONAL CONTACT NAME 1:  ____________________________________________  RELATIONSHIP: ____________________________
HOME PHONE:  
CELL PHONE:  
WORK PHONE:  
OK TO RELEASE TO STUDENT  q  Y  q  N  *NO  OK TO RELEASE TO STUDENT
ADDITIONAL CONTACT NAME 1:  ____________________________________________  RELATIONSHIP: ____________________________
HOME PHONE:  
CELL PHONE:  
WORK PHONE:  
OK TO RELEASE TO STUDENT  q  Y  q  N  *NO  OK TO RELEASE TO STUDENT

III. QUESTIONS FOR PARENT/GUARDIAN

The following questions provide important information for the school staff. Parents must answer the following questions. Check 'Yes' or 'No' for each question where appropriate.

STUDENTS WHO LIVE MORE THAN 1.5 MILES FROM THEIR HOME SCHOOL OR WHO MUST CROSS A STATE-RECOGNIZED HAZARD AREA TO GET TO SCHOOL, ARE TYPICALLY ELIGIBLE FOR DISTRICT TRANSPORTATION. IT IS IMPORTANT TO VERIFY WITH THE TRANS. DEPT. (693-4400) IF YOUR CHILD IS ELIGIBLE. IF HE/SHE IS ELIGIBLE, IS THIS A SERVICE YOU WILL PLAN TO USE?  (IF YOU OPT OUT AND YOUR PLANS CHANGE, PLEASE CALL TRANSPORTATION AND ANTICIPATE A THREE DAY ROUTING PROCESS)  q  Y  q  N

HAS YOUR CHILD EVER RECEIVED SPECIAL EDUCATION SERVICES?  q  Y  q  N  *YES - DO YOU HAVE A COPY OF YOUR CHILD'S IEP?  q  Y  q  N

DOES YOUR CHILD HAVE AN ACTIVE 504 PLAN?  q  Y  q  N  *YES - DO YOU HAVE A COPY OF THE 504 PLAN?  q  Y  q  N

DOES YOUR CHILD RECEIVE SPEECH SERVICES?  q  Y  q  N

Did your child attend pre-school?  q  Y  q  N  *IF YES, PLEASE LIST THE NAME AND LOCATION: ____________________________  WHAT AGES DID HE/SHE ATTEND PRE-SCHOOL? _______

NAME OF LAST SCHOOL ATTENDED:  _______________________________________________________________  PHONE: _____________________
CITY:  ______________________________________________________  STATE: ___________  LAST GRADE LEVEL COMPLETED:  ___________________

PLEASE INCLUDE ANY SPECIAL INFORMATION ABOUT YOUR CHILD WHICH SHOULD BE KNOWN IN CASE OF EMERGENCY:  
q  ASTHMA  q  DIABETES  q  SEIZURES  q  OTHER: __________________

FOR HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS ONLY)  Does your child plan to participate in interscholastic athletics?  q  Y  q  N  *IF YES, PLEASE PROVIDE A SPORTS PHYSICAL

The information provided in Sections I-III is true to the best of my knowledge.  

X  Parent/Guardian signature (required)  Date
SCHOOL RECORDS REQUEST
STUDENT TRANSFER

TO: ___________________________ DATE: ___________

Previous School

ADDRESS: ____________________________________________

STUDENT: ___________________________ DOB: ___________

Student has enrolled at: ____________________________________

Please mail, email, or fax the following records:

______ All student records including any IEPs & evaluations

______ Other (Please specify)

Requesting School: _______________________________________

Address: ________________________________________________

Name of School Records Custodian: __________________________

Fax # 309- ___________ Phone# 309- ___________

E-mail: ________________________________________________

Parent(s) Signature __________________________________________

Note: This consent is valid for one calendar year from the date set forth below, and may be revoked at any time in writing. I also understand that I have the right to inspect and copy the information to be disclosed pursuant to this consent.

*This form is needed if your child attended another school district prior to enrolling at PPS.
STUDENT FULL NAME: ________________________________________________________________

DIRECTORY INFORMATION - Board Policy 7:340
The District may release directory information as permitted by law, but parent(s)/guardian(s) shall have the right to object to the release of information regarding their child. However, the District will comply with an ex parte court order requiring it to permit the U.S. Attorney General or designee to have access to a student’s school records without notice to, or the consent of, the student's parent(s)/guardian(s).

Information that may be designated as directory information shall be limited to:

1. Identifying information: student’s name, address, gender, grade level, and birth date and place, and parents’ names, mailing addresses, electronic mail addresses, and telephone numbers;
2. Photographs, videos, or digital images used for informational or news-related purposes (whether by a media outlet or by the school) of a student participating in school or school-sponsored activities, organizations, and athletics that have appeared in school publications, such as yearbooks, newspapers, or sporting or fine arts programs, except that:
   A. No photograph highlighting individual faces shall be used for commercial purposes, including solicitation, advertising, promotion or fundraising without the prior, specific, dated and written consent of the parent or student, as applicable (see 765 ILCS 1075/30); and
   B. No image on a school security video recording shall be designated as directory information;
3. Academic awards, degrees, and honors;
4. Information in relation to school-sponsored activities, organizations, and athletics;
5. Major field of study; and
6. Period of attendance in the school.

RELEASE OF STUDENT INFORMATION

DISTRICT (website, media visits, remarkable times, honor roll lists, yearbook, etc.)
I grant permission to Peoria Public Schools to allow my child to be photographed by District personnel; media outlets including newspaper or television stations; or other District authorized persons which may identify my child publicly for use of publicizing or promoting District or Peoria community events. The publication and promotion of these events may occur by print or electronic media (including websites).

[ ] Yes  [ ] No

PUBLIC (district approved organizations such as PTO, congratulatory letters from elected officials, etc.)
I grant permission to Peoria Public Schools to allow my child’s identifying information to be released by District personnel to District approved requests for such information from school-related and community organizations and individuals.

[ ] Yes  [ ] No

HIGHER ED (High School Only)
I grant permission to Peoria Public Schools to distribute my student’s information to institutions of higher education.

[ ] Yes  [ ] No

MILITARY (High School Only)
I grant permission to Peoria Public Schools to distribute as required by Federal law, my child’s information to military recruiters.

[ ] Yes  [ ] No

http://www2.ed.gov/policy/gen/guid/fpco/hottopics/ht-10-09-02a.html

If I wish to change the terms of this release, I may do so at any time by contacting my child’s home school and requesting to submit a new “Release of Student Information” form.

(________________________________________)  (____________________)
(Parent/Guardian signature)  (date)
School Medication Authorization and Release Form

THE SCHOOL DISTRICT RETAINS THE DISCRETION TO REJECT REQUESTS FOR ADMINISTRATION OF MEDICINE

To be completed by the student’s parent/guardian:

Student’s Name: ___________________________________________________ Student’s Birthdate: __________

Address: __________________________________________________________ Zip: _________ Home Phone: _______________

Parent/Guardian: ___________________________________ Cell Phone: _______________ Work Phone: _______________

School: __________________________________________ Grade: _______ Teacher: _______________________________

PART 1 PHYSICIAN’S STATEMENT

This statement must be signed by the student’s physician, physician’s assistant or advance practice registered nurse having such authority delegated by a supervising/collaborating physician.

NOTE: A physician’s statement is not required for students who require asthma inhalers during the school day (refer to Part II below)

Name of Medication: __________________________________________________ Dosage: __________________________

Time to be given in school: __________________ Date of prescription: ______________ Discontinuation date: ___________

Route of administration and/or other special circumstances under which medication is to be administered: ________________

_____________________________________________________________________________________________________

Diagnosis requiring medication: ___________________________________________________________________________

Intended effect: _______________________________________________________________________________________

Expected side effects, if any: ______________________________________________________________________________

Other medication the student is receiving (NOTE: this does not authorize school administration of listed medications): ______

_____________________________________________________________________________________________________

Must this medication be administered during the school day in order to allow the child to attend school or to address the student’s medical condition?  Yes: _______ No: _______

Has this medication been previously administered to the student: Yes: _______ No: _______ Date of first usage: ___________

If this is the first time this student has/will take this medication, is it necessary that a Registered Nurse administer the first does at school? Yes: _____ No: _____ (If “yes”, medication administered by: _______________________R.N.  Date: ___________

Is supervised, self-administration authorized by health care provider? Yes: _______ No: _______

For Asthma Medication/Epinephrine Auto-Injectors/Pancreatic Enzymes only: Is the student able to carry and self-administer this medication (unsupervised self-administration): Yes: _______ No: _______

*NOTE: Pursuant to Illinois law, upon parental consent (for asthma inhalers) or physician authorization (for Epinephrine Auto-Injector and/or Pancreatic Enzymes), a student who is prescribed these medications may possess And use his/her Asthma medication, Epinephrine Auto-Injector, and/or Pancreatic Enzymes while at school or during School-sponsored activities without the supervision of District personnel.

I hereby request that the school nurse or authorized school personnel administer the above prescribed medications as it is medically necessary to do so while at school or during school-sponsored activities.

Physician’s name (signature) __________________________________________  Date: ______________

Physician’s name (print) ____________________________________________ Office Phone: ________________

Address: _____________________________________________________________________________________

Fax number: __________________________________  Emergency Phone: _______________________________
PART II - PRESCRIPTION FOR ASTHMA INHALERS AND EPINEPHRINE INJECTORS

For asthma inhalers only, please attach a photocopy of the prescription label containing the name of the medication, prescribed dosage and time at which, or special circumstances under which, the medication is to be administered.

For epinephrine injectors and pancreatic enzymes, please attach a written statement from the student's physician, physician assistant, or advanced practice registered nurse containing the name and purpose of the epinephrine injector and/or pancreatic enzymes; the prescribed dosage; and the time or times at which or the special circumstances that the epinephrine injector and/or pancreatic enzymes should be administered.

PART III – PARENT/GUARDIAN AUTHORIZATION, WAIVER AND INDEMNIFICATION

I hereby consent to and authorize Peoria Public School District No. 150 to (Check the option that applies):

[ ] Administer medication to my student while at school or during school-sponsored activities according to the above instructions. I hereby confirm my primary responsibility to administer medication to my student. However, in the event that I am unable to do so, I hereby authorize Peoria Public School District No. 150 and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my student lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY STUDENT TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH ADMINISTRATION. I waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration of said medication, and agree to release, hold harmless, and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration of medication or storage of any medication by school personnel.

[ ] Permit my student's possession and unsupervised self-administration of asthma medication, pancreatic enzymes, and/or use of epinephrine auto-injector while at school or during school-sponsored activities according to the above instructions. I waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the self-administration of said asthma medication, pancreatic enzymes, or use of said epinephrine auto-injector, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the self-administration of asthma medication or use of epinephrine auto-injector. I also acknowledge that the School District, members of the Board of Education, its employees, and agents shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from my student's self-administration of asthma medication, pancreatic enzymes, or use of epinephrine auto-injector, regardless of whether the self-administration of an asthma inhaler, pancreatic enzymes, or epinephrine auto-injector was authorized by the parent or healthcare provider. I attest that I have provided the District with a copy of my student's prescription label (for asthma inhalers) or my student's physician's authorization (for epinephrine auto-injectors and/or pancreatic enzymes).

This School Medication Authorization and Release Form and attached documentation shall be valid only for the school year in which they are submitted. A new Form and supporting documentation must be submitted to the District each subsequent school year. Any changes in the current prescription will require a new, completed Medication Authorization and Release Form.

Parent/Guardian printed name: _____________________________________________

Parent/Guardian signature: _____________________________________________ Date: ___________________

*Foster parents must obtain legal guardian (DCFS) signature.

Form checked by District 150 nurse – signature: _____________________________________________ Date: ___________________

PART IV – CONSENT FOR EMERGENCY TREATMENT

I, __________________________________________, parent [or legal guardian] of __________________________________________, have enrolled my child in Peoria Public School District No. 150 and hereby authorize Dr. __________________________________________, my child's physician, or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician or any physician in his or her group practice is not available, or contact with my child's physician is not practical under the circumstances, I hereby authorize Peoria Public School District No. 150, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I further waive any claims against Peoria Public School District No. 150, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify Peoria Public School District No. 150, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

Parent/Guardian printed name: _____________________________________________

Parent/Guardian signature: _____________________________________________ Date: ___________________
RELEASE OF INFORMATION/CONSENT TO BILL MEDICAID

If your child receives special education services, please complete the Release of information/consent to Bill Medicaid form.

Date: __________ Student's Name: ___________________________________________ Birthdate: ________ Grade: ______

Dear ________________________________:
(Parent(s)/Guardian(s) Name)

Your child's individual education plan (IEP) includes special education and related services provided by our special education staff. One or more of the services included on your child's IEP qualifies for reimbursement from Medicaid. Schools routinely access Medicaid funding to help meet costs of providing special education services. Federal special education law requires that school districts seek parental permission prior to submitting bills for reimbursement from public insurers such as Medicaid. The types of services that can be reimbursed by Medicaid include physical therapy, occupation therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluations.

Granting this permission also necessitates that the district ("the School") obtain your written permission to release information to Medicaid. Pursuant to the Illinois School Student Records Act, 105 ILCS 101 et seq., and the Illinois Mental Health and Developmental Disabilities Act, 740 ILCS 110/1 et seq., the personal information that may be released to Medicaid includes:

- Your child's name and Social Security Number;
- Your child's date of birth;
- Your child's IEP documentation including evaluations;
- The dates and times services are provided to your child at school;
- Reports of your child's progress, including therapist notes, progress notes and report cards.

This permission must be obtained prior to the School ever releasing your child's personal information from educational records for billing purposes to a public benefits or insurance program. Medicaid requires documentation of the services our staff provided prior to making payment to the School.

Please note: Granting this permission to bill Medicaid will not reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits, as Medicaid does not have a maximum number of eligible visits or a lifetime maximum for services.

You have the right to withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

This letter is asking your permission to bill Medicaid for services listed in your child's IEP and permission to release information to Medicaid.

☐ I AGREE and hereby allow and give permission for the School to release information to Medicaid for billing purposes and I give my consent to the School to access/bill Medicaid for provided services.
   A. I understand and agree that the School may access my or my child's public benefits or insurance to pay the School for services described in their IEP and provided by the School.
   B. I understand and agree that personal information (e.g. information on the services provided to my child) may be provided to the applicable State Agency or Insurance Program for the purpose of obtaining payment for such services.
   C. I understand that I have the right to withdraw this permission in writing at any time.

☐ I DO NOT give permission for the School to release information for Medicaid billing purposes and I DO NOT give consent for the School to access/bill Medicaid insurance for provided services.

☐ To the best of my knowledge, I am not eligible for Medicaid.

☐ I have received a copy of the Medicaid Annual Notification Regarding Parental Consent form.

Signature of Parent/Guardian ________________________________ Date ____________

* An FAQ is attached to provide you with further information.
MEDICAID ANNUAL NOTIFICATION REGARDING PARENTAL CONSENT

How Do Medicaid and Illinois Schools Work Together?
The State of Illinois Participates in a federal program called Medicaid School-Based Services. This program helps school districts by allowing them to receive reimbursement for medical services provided to students with disabilities, as documented on the child’s Individual Education Program (IEP). School districts frequently utilize this Medicaid reimbursement to help meet the costs of providing special education services.

Who Can the District Submit Reimbursement For?
While medical services will be provided to all students with disabilities, school districts may only receive reimbursement for services provided to students who are Medicaid eligible.

What Services Does Medicaid Cover?
- Occupational Therapy
- Physical Therapy
- Nursing Services
- Speech/Language Services
- Psychological Services
- Social Work Services
- Audiology Services
- Special Transportation
- School Health Aides
- Screenings/Evaluations

Why Does the District Need Parental Consent?
Federal special education law requires school districts to seek parental consent prior to submitting bills for reimbursement from public insurers such as Medicaid. The school district is required to obtain your written permission to release information to Medicaid before the district can submit any information for billing purposes.

Is There Any Cost To Me?
No. Services provided to a student within a school setting are provided at no cost to the parent/guardian.

Will This Impact My Child’s Medicaid Benefits?
Granting permission for the school district to bill Medicaid will not reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits, as Medicaid does not have a maximum number of eligible visits or a lifetime maximum for services.

Who Will See This Information?
Your student’s demographic and service information will be shared with our billing agent and HFS (Healthcare and Family Services) for the purpose of verifying Medicaid eligibility and submitting claims.

What If I Do Not Grant Consent? -or- What If I Change My Mind?
Your consent for the school district to access Medicaid benefits for purposes of assisting in the delivery of services to your child is voluntary. If granted, you have the right to withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

Who Do I Contact If I Have Questions?
Please contact your school district’s special education department with any questions or concerns.
New U.S. Department of Education Race and Ethnicity Data Standards

Note: The student’s parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student’s Name: SIS ID:

INSTRUCTIONS: This form is to be filled out by the student’s parents or guardians, and both questions must be answered. Part A asks about the student’s ethnicity and Part B asks about the student’s race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one.

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student’s race to be.

Part B. What is the student’s race? Choose one or more.

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

________________________________________ ______________________________
Parent/Guardian Signature        Date
Home Language Survey

The purpose of this survey is to determine what language the child speaks or what language is spoken at home. The home language survey is given to all students registering in Peoria Public Schools. This survey is given only at the initial time of registration and will be placed in the child’s school records. Please answer the questions below. If you answer “yes” to any of the questions in the survey, we will administer an English test (WIDA Screener) that will determine the language level of your child. Your child may qualify for additional language support to develop English proficiency.

Student Information

School: _________________________________ Date:__________________
Student’s name: _________________________________________________
Student’s ID #: ______________ Grade Level:______ Gender: Male___Female___
Date of Birth: _______________ Parent’s name: ___________________________
Home Address: ______________________ Telephone #: ___________________

Home Language Survey Questionnaire

1. Does your child speak a language other than English? Yes____ No____
   If you answered “yes”, what is the language? ________________________

2. Is a language other than English spoken at home? Yes____ No____
   What is the language? _________________________________________

3. What is the child’s native language? _______________________________

4. In which language do you prefer to receive communication from the school,
   including grades and progress reports? ____________________________

Parent or Guardian Signature:____________________  Date: _______________
Print Name: ____________________________________________

Name of school personnel who explained the HLS: ______________________ Date:__________

Revised 2019
STUDENT NETWORK/
INTERNET USER AGREEMENT
AND PARENT PERMISSION FORM

To use networked resources, all students must sign and return this form, and those under age 18 must obtain parental permission. The activities listed below are not permitted:

- Accessing or attempting to access pornographic websites
- Sending or displaying offensive or obscene messages or pictures
- Using obscene language
- Giving personal contact information, including: address, telephone, school address, School phone number, work address / phone number, etc.
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Using others’ passwords
- Trespassing in others’ folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud

Violations may result in a loss of access as well as other disciplinary or legal action (Board policy and procedures 6:237 on student rights and responsibilities).

Student User Agreement:
As a user of the Peoria Public Schools computer network, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions.
(Initial appropriate items)

appear to use the network responsibly

I have received and read Board Policy 6: 237 and agree to abide by it.

Student Signature ___________________________ Date ___ / ___ / ___

Parent/Guardian Permission:
All students are provided with access to district computer resources. In addition to accessing our district computer network, as the parent or legal guardian, I grant permission for the above named student to:
(Initial appropriate items)

access the Internet and e-mail systems

I have received and read Board Policy 6: 237 and my student agrees to abide by it.

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent Signature ___________________________ Date ___ / ___ / ___
Other forms that may be needed:

- Medication Authorization (Signed by doctor for any medication needed by student at school - inhaler excluded.)
- Certificate of Health Examination (Completed and signed by doctor. Parent should complete health history section)
- UnityPoint In-School Health Clinic Consent to Treatment Form (For students utilizing clinics at Harrison, Trewyn, Manual and/or Peoria High)
- Free/Reduced Textbook or Lunch form (This form is not available until 30 days prior to the start of the school year. Incoming kindergarten families should visit www.peoriapublicschools.org/enrollment in July to download the form, or ask the school for a copy at the start of the year)
- Other forms may be requested by individual schools

*Make sure to get a signed parent receipt when turning in your registration documents to verify enrollment completion